

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

| | | | |
|---------------------------|-----------------------------|----------------------------|---------------------|
| Name: | Prefix: Mr. | First Name: Jaynesh | Middle Name: |
| | Last Name: Singh | | Suffix: |
| Title: | Accounting Administrator II | | |
| Complete Address: | | | |
| Street1: | 1001 I Street | | |
| Street2: | 20th Floor | | |
| City: | Sacramento | State: | CA: California |
| Zip / Postal Code: | 95814 | Country: | USA: UNITED STATES |
| Phone Number: | (916) 322-2274 | Fax Number: | (916) 322-9612 |
| E-mail Address: | Jaynesh.Singh@arb.ca.gov | | |

Payee: *Individual authorized to accept payments.*

| | | | |
|---------------------------|-----------------------------|----------------------------|---------------------|
| Name: | Prefix: Mr. | First Name: Jaynesh | Middle Name: |
| | Last Name: Singh | | Suffix: |
| Title: | Accounting Administrator II | | |
| Complete Address: | | | |
| Street1: | 1001 I Street | | |
| Street2: | 20th Floor | | |
| City: | Sacramento | State: | CA: California |
| Zip / Postal Code: | 95814 | Country: | USA: UNITED STATES |
| Phone Number: | (916) 322-2274 | Fax Number: | (916) 322-9612 |
| E-mail Address: | Jaynesh.Singh@arb.ca.gov | | |

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

| | | | |
|---------------------------|----------------------------|--------------------------|---------------------|
| Name: | Prefix: Ms. | First Name: Meena | Middle Name: |
| | Last Name: Ganesan | | Suffix: |
| Title: | Accounting Administrator I | | |
| Complete Address: | | | |
| Street1: | 1001 I Street | | |
| Street2: | 20th Floor | | |
| City: | Sacramento | State: | CA: California |
| Zip / Postal Code: | 95814 | Country: | USA: UNITED STATES |
| Phone Number: | (916) 327-2963 | Fax Number: | (916) 322-9612 |
| E-mail Address: | Meena.Ganesan@arb.ca.gov | | |

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: